

SERVICE TYPE: **MEDS VISIT**

ALL ITEMS BELOW MUST BE COMPLETED (EVEN WITH N/A OR "NOT AVAILABLE"). THE ASSESSMENT SHOULD ILLUSTRATE ALL MEDICAL NECESSITY PRESENT AND PROVIDE THE BASIS FOR THE DSM-4 DIAGNOSIS.

IDENTIFYING DATA

Age: ____ yrs. & ____ mos. Gender: ☐ M ☐ F Grade in School: _____

Brought By (name, role): _____ ☐ Fa ☐ Mo ☐ fos.-mo ☐ fos.-fa ☐ guardian ☐ other _____

Minor is Under Jurisdiction of: ☐ DCS ☐ Court ☐ Probation ☐ Other _____

Referral Source: ☐ Person(s) child is living with ☐ School ☐ DCS ☐ Probation ☐ Self ☐ Other _____

Lives In/With _____

CHIEF COMPLAINT _____

HX OF PRESENT ILLNESS _____

PSYCHIATRIC HISTORY

Hospitalizations _____

Counseling _____

Past Medications _____

Current Medications _____

Suicidal/Homicidal Ideas/Self-Injurious Behavior/Aggressive Behavior _____

CHILD/ADOL. PSYCHIATRIC EVALUATION

NAME:

Confidential Patient Information
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CHART NO:

DOB:

PROGRAM:

Physical/Sexual Abuse _____
Legal Problems/Gang Activity/Juvenile Hall/AWOL Behavior _____
Substance Abuse: ☐ Denies ☐ Alcohol ☐ Amphetamines ☐ Benzodiazepines ☐ Cocaine ☐ Inhalants ☐ IVDA ☐ LSD
☐ Marijuana ☐ Narcotics ☐ PCP ☐ other _____

MEDICAL HISTORY

Illnesses/Seizures/Allergies _____
Accidents/Head Trauma _____
Surgeries _____
Hospitalizations _____
Medications _____
Last M.D. Visit/Lab Tests _____ Pri. Care M.D. _____
Menarche: ☐ N/A _____ LNMP _____
Sexual Activity _____

FAMILY HISTORY

☐ psychosis ☐ manic-dep. illness ☐ drug/alcohol abuse ☐ antisocial ☐ suicide attempts ☐ ADHD ☐ tics
☐ other _____

DEVELOPMENTAL AND SOCIAL HISTORY

Pregnancy: ☐ uncomplicated ☐ substance abuse ☐ prenatal care _____
Labor & Delivery: ☐ uncomplicated, ☐ pre- or ☐ post-term, ☐ vaginal or ☐ Caesarean section _____
Birth Wt.: _____ lbs & _____ ozs
Infancy _____
Milestones: walked at _____ talked at _____ toilet trained at _____
Toddler Years _____
History of: ☐ firesetting ☐ cruelty to animals ☐ bedwetting ☐ other _____
Elementary Grades (academics/behavior/social) _____

Middle School/Jr High (academics/behavior/social) _____

High School (academics/behavior/social) _____

Current Classes: ☐ regular ☐ SED ☐ RSP ☐ SDC ☐ other _____

CHILD/ADOL. PSYCHIATRIC EVALUATION

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MENTAL STATUS EXAMINATION

Appearance/Grooming _____

Activity Level: ☐ appropriate for age ☐ high for age ☐ low for age _____

Abnormal Movements: ☐ none ☐ tics ☐ TD _____

Attention Span: ☐ good ☐ fair ☐ poor _____

Mood & Affect _____

Speech & Thought Processes _____

Thought Content: ☐ hallucinations ☐ delusions Specify: _____

Suicidal/Homicidal Ideas/Plans: _____

Impulse Control _____

Alertness & Orientation: ☐ person ☐ place ☐ time _____

Memory: ☐ remote ☐ recent ☐ instant retention & recall _____

Calculation _____

General Fund of Information _____

Abstraction _____

Insight _____

Judgment: ☐ response to test question _____ ☐ social _____

Play Characteristics _____

Other _____

DIAGNOSTIC IMPRESSION (see Diag. form in chart for client's official diagnosis)

AXIS I _____

AXIS II _____

AXIS III _____

AXIS IV ☐ None For categories below, specify if checked:

☐ Problems with Support Group: _____

☐ Problems related to the Social Environment: _____

☐ Educational Problems: _____

☐ Occupational Problems: _____

☐ Housing Problems: _____

☐ Economic Problems: _____

☐ Problems with access to Health Care Services: _____

☐ Problems related to Interaction with the Legal System/Crime: _____

☐ Other Psychosocial and Environmental Problems: _____

AXIS V Current GAF Score _____ Other GAF Score (optional) (specify score and time frame) _____

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MANAGEMENT

- ☐ Dx, DDx, Tx Plan, Prognosis, benefits vs. risks (of Tx, non-Tx), course, alternatives were discussed with, understood by, and
☐ agreed to ☐ refused by person consenting to care
- ☐ Medical benefits/risks, indications, target Sx, alternatives discussed with, understood by, and ☐ agreed to ☐ refused by person
consenting to care
- ☐ Medications recommended _____
- ☐ Informed consent for meds given (☐ not given) and signed by _____
- ☐ Requests for more information discussed with and ☐ consented to ☐ refused by parent/caregiver
- ☐ Conners parent and teacher questionnaire
- ☐ hospital/clinic records from _____
- ☐ Requested Phys. Exam/Lab results: ☐ CBC with ☐ SMA7 ☐ SMA12 ☐ LFT ☐ RFT ☐ TFT ☐ UDS ☐ U/A ☐ HCG
☐ EKG ☐ other _____
- ☐ Counseling recommended (☐ ind. ☐ family ☐ group ☐ behavior ☐ other _____)
- ☐ Educational needs discussed with parent/caregiver and advised him/her on communication with schools _____
- ☐ Case Management recommended _____
- ☐ Support Services recommended _____
- ☐ Advised parent/caregiver on emergency measures, which were ☐ understood ☐ agreed to _____
- ☐ Further Tests recommended _____
- ☐ Return to Clinic _____
- Other _____

SIGNATURE _____ PRINTED NAME _____ DATE _____

CHILD/ADOL. PSYCHIATRIC EVALUATION

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